Document Prompts:

For Full Requirements See Guidance Document

Presumptive Eligibility

- 1. County of service
- 2. Location
- 3. Result of NOA
- 4. NOA number
- 5. Contacted person (CAH)
- 6. Documents kept on file & given to family
- 7. Pregnant woman application for full Medicaid or not (MH)
- 8. Client/family feedback
- 9. Coverage explained
- 10. Service provider
- 11. Intake assessment (CAH)



September, 2019

Document Prompts:

For Full Requirements See Guidance Document

Care Coordination

- 1. County of service
- 2. Location
- 3. Contacted person (CAH)
- 4. Concerns & issues
- 5. Staff response
- 6. If coordinating medical / dental care:
 - Assess Immunizations (CAH)
 - Medical appt. summary
 - Dental appt. summary
- 7. Referrals, outcomes, & plan for follow-up
- 8. Client/family feedback
- 9. Service provider
- 10. Intake assessment (CAH)

Transportation Care Coordination

- 1. County of service
- 5. Trip date 6. Transportation type
- 2. Location 3. Contacted person
- 4. Type of Medicaid service
- 7. Service provider

Document Prompts:

For Full Requirements See Guidance Document

Presumptive Eligibility

- 1. County of service
- 2. Location
- 3. Result of NOA
- 4. NOA number
- 5. Contacted person (CAH)
- 6. Documents kept on file & given to family
- 7. Pregnant woman application for full Medicaid or not (MH)
- 8. Client/family feedback
- 9. Coverage explained
- 10. Service provider
- 11. Intake assessment (CAH)



September, 2019

Document Prompts:

For Full Requirements See Guidance Document

Care Coordination

- 1. County of service
- 2. Location
- 3. Contacted person (CAH)
- 4. Concerns & issues
- 5. Staff response
- 6. If coordinating medical / dental care:
 - Assess Immunizations (CAH)
 - Medical appt. summary
 - Dental appt. summary
- 7. Referrals, outcomes, & plan for follow-up
- 8. Client/family feedback
- 9. Service provider
- 10. Intake assessment (CAH)

Transportation Care Coordination

- 1. County of service
- 2. Location

- 5. Trip date
- 6. Transportation type
- 3. Contacted person
- 4. Type of Medicaid service
- 7. Service provider

For Full Requirements See Guidance Document Document Prompts:

<u>Initial Inform</u>

- 1. County of service
- 2. Location
- 3. Informing letter / packet sent
- 4. Service provider

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- County of service
- 2. Location
- 3. Specific time calls made (am/pm)
- 4. Phone message summary / description
- 5. Follow-up letter sent only after 2 failed tqm9tte to
- phone tries
- Service provider
- 7. Follow-up within 30 days of Initial

For Full Requirements See Guidance Document

Inform

Document Prompts:

For Full Requirements See Guidance Document

9. Referrals, outcomes, & plan for follow-up

For Full Requirements See Guidance Document

Inform Completion

11. Intake assessment

8. Client/family feedback

6. Dental appointment summary 5. Medical appointment summary 4. Explanation of EPSDT benefits

7. Immunization status

3. Contacted person

1. County of service

Inform Completion

Document Prompts:

2. Location

10. Service provider

- 1. County of service

- 2. Location
- 3. Contacted person
- 4. Explanation of EPSDT benefits
- 5. Medical appointment summary
- 6. Dental appointment summary
- 7. Immunization status
- 8. Client/family feedback
- 9. Referrals, outcomes, & plan for follow-up
- 10. Service provider

- 11. Intake assessment

- 4. Phone message summary / description
- səirt ənodq 5. Follow-up letter sent only after 2 failed tqm9tte to
- 6. Service provider

2. Location

2. Location

<u>mitial Inform</u>

1. County of service

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4. Service provider

1. County of service

Document Prompts:

Inform 7. Follow-up within 30 days of Initial

3. Specific time calls made (am/pm)

3. Informing letter / packet sent

September, 2019



September, 2019

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